

Also - RICO and Conspiracy Action Sought
A NOTICE OF FRAUD and FRAUDULENT PRACTICES

FILED

U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

JUL 20 2012

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
DIVISION

JAMES W. McCORMACK CLERK
By: _____
DEP CLERK

CASE NO. 1:12-cv-00070 KUB/HNY

Jury Trial: Yes No
(Check One)

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

Name of plaintiff: BRANDON ARCHLEY
ADC # 140054

Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of plaintiff: _____
ADC # _____

Address: _____

This case assigned to District Judge _____

Name of plaintiff: _____
ADC # _____

and to Magistrate Judge _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: NURSE J. HORN

Position: NURSE (LPN)

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of defendant: DR. NANCE

Position: MEDICAL DOCTOR

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR, NEWPORT, AR 72112

Name of defendant: Billy Cowell

Position: Health Services Administrator

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

Name of defendant: One or Un-named John/Jane Does

Position: Nurses and Medical Staff

Place of employment: CORIZON MEDICAL

Address: 300 CORRECTION DR., NEWPORT, AR 72112

II. Are you suing the defendants in:

official capacity only
 personal capacity only
 both official and personal capacity

III. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No X

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

Court (if federal court, name the district; if state court, name the county):

- Docket Number: _____
- Name of judge to whom case was assigned: _____
- Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- Approximate date of filing lawsuit: _____
- Approximate date of disposition: _____

IV. Place of present confinement: A.D.C., Scott Grimes Unit

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

in jail and still awaiting trial on pending criminal charges

serving a sentence as a result of a judgment of conviction

in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes No _____

Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes _____ No

If not, why? The plaintiff was lied to and mis-

lead by the defendants regarding this matter
which hindered Plaintiff from fully exhausting this
VII. Statement of claim through the griev. process.

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I

This is a Civil Rights Action under the Civil Rights Act of 1871, as amended and codified 42 U.S.C., to REDRESS the deprivation of Rights secured by the United States Constitution, particularly, Amendments 1, 8, and 14. Also, 18 U.S.C. § 1961-1968 + RICO + § 42 U.S.C. § 1985(c)

II

Additional jurisdiction is invoked under 28 U.S.C. §§ 452, 1331, 1343 & 1746 - plus - to RECEIVE both DECLARATORY and INJUNCTIVE RELIEF pursuant to 28 U.S.C. §§ 2201 & 2202.

III

PLAINTIFF:

At all times relevant and mentioned to herein, the plaintiff, Brandon Ashley, was and is an inmate within the Arkansas Department of Correction, but still a borned citizen of these United States. Currently at

THE SCOTT GRIMES UNIT @ 300 CORRECTION DR., NEWPORT,
AR 72112.

IV

THE DEFENDANTS, NAMELY, NURSE J. HORN, DR. NANCIE
BILLY COWELL AND OTHER-NAMED JOHN/JANE DOES
NURSE(S), DOCTOR(S) AND INFIRmary (Health Services and
ministration - HSA) MANAGER, OF CORIZON MEDICAL SERV.
@ 300 CORRECTION DR., NEWPORT, AR 72112. ⁽¹⁾ §, AT ALL TIMES
RELEVANT AND MENTIONED TO HEREIN, ARE IN CONTRACT-
UAL AGREEMENT AND ACT AS THE MEDICAL PROVIDER
FOR THE A.D.C., PROVIDED THAT THE DEFENDANTS GIVE
PROPER, RIGHTFUL, CONSTITUTIONALLY SUFFICIENT
MEDICAL CARE, TREATMENT AND ALL OTHER MEDI-
CALLY REQUIRED ACTION TO THE PLAINTIFF.

V

BECAUSE OF THE ACTUAL FRAUD AND FRAUDULENT
PRACTICES, WHICH HAVE BEEN COMMITTED BY THE
DEFENDANTS' BREACH OF ITS AGREED CONTRACT

Footnote One:

There exist also other addresses which
may be used at a later time being where the plain-
tiff initiates in the discovery process.

with the A.D.C. & the current Custodian over the plaintiff, Brandon Atchley, and was such at the time of this complain matter), and which have been constitutionally deprived plaintiff of the urgently needed CARE, the plaintiff invokes jurisdiction under RICO, particularly, 18 U.S.C. § 1964(c), and request that this Honorable Court take judicial notice and forward a copy of this complaint to the U.S. ATTORNEYS' OFFICE @ 10th & CONSTITUTION AVE. N.W., WASHINGTON, DC 20530, for review. The defendants, being agents of CORZON MEDICAL IS, A CORPORATION AND ENTITY, which RICO requires.

VI

unseen of exact date, waiting
to view medical jacket.

MARCH

COUNT ONE: The plaintiff, on or about Sunday, ~~March~~, 2012, the plaintiff, namely, Brandon Atchley & herein after referred to as "Atchley" or "plaintiff", was INJURED at "gym call" activity, SUFFERING a dislocated finger, which was RE-SET? by the doctor, namely, either defendant Dr. NANCE and the other individual, an APN (Advanced Practice Nurse), an Unknown John/Doe, without having taken REQUIRED X-RAYS OR THE SUCH, THEREBY NOT adhering to proper procedure and law.

THE plaintiff, who continued to suffer harm and pain AFTER this procedure on "SERVICING?" the plaintiff believed that his finger was broken. So, on or

CONT. ON BACK OF PAGE 1

about Wednesday, April 25, 2012, plaintiff initiated in the grievance process about his finger (which is his RIGHT "PINKY" FINGER), which was classified as an emergency situation ⁽²⁾.

The plaintiff's grievances amounted to subject futility, including the grievance which had went through the entire grievance process as required by 42 U.S.C. § 1997(e) - the Prison Litigation Reform Act (PLRA). The last step of the process on the grievance of Tuesday, May 8, 2012, was classified as being "too late" by the medical administrator.

So the plaintiff has really exhausted his administrative remedies.

The defendant, Nance, committed a very grave error when "re-setting?" plaintiff's fin-

Footnote Two(2):

Not only did the plaintiff have to submit this grievance, he also had to frame another grievance, also classified as an emergency on or about Tuesday, May 8, 2012. Both of them were forwarded to defendant, Horn, who only delayed the process.

PLAINTIFF (at the time of writing) IS STILL INJURED AND UNABLE. THE DEFENDANTS, HORN, NANCE, COWELL AND ALL OTHER UN-NAMED JOHN/JANE DOES OF CORIZON MEDICAL, HAVE DELAYED AND ALSO INTENTIONALLY FAILED TO PROVIDE THE NECESSARILY NEEDED MEDICAL CARE. IT HAS, THE PLAINTIFF'S "PINKY" FINGER HAS BECOME DEFORMED AND THUS VIOLATIVE OF PROTECTED, CLEARLY ESTABLISHED LAW, WHICH ARE U.S. CONST. AMENDMENTS 8, & 14. ⁽⁴⁾ X-RAYS WERE DONE AFTER PLAINTIFF'S FINGER WAS "RE-SET?" BY DR. NANCE. THROUGH THE APPROPRIATE APPLICATION OF THE LAW, THE PLAINTIFF HAS SUFFERED HARM, INJURY AND THUS, IS ENTITLED TO REVIEW, AND JUDICIAL RELIEF FROM THIS HONORABLE COURT.

COUNT TWO:

Each defendant, Horn, Cowell for his (Cowell's) intentional failure to properly train

Footnote four;

Plaintiff, after such a delay, was sent to an outside clinic, where even the doctor at this clinic provided that plaintiff had lost about 40% of the use of his "pinky" finger.

supervise or due to various fraudulent practices conspiracy, and knowing or should have known that they were committing and allowing to be committed the violative injuries.

Grievances of Wednesday, April 25, 2012 and Tuesday, May 8, 2012, show that the actions of all of the defendants, showing corruptive actions, and thus - these agents of Conizon medical, defendant 5, Hero, Nance, Cowell, and Unknown John Jane Doe Nurses & Doctors, as working with this entity, makes Conizon Medical a corrupt organization and should be prosecuted to the fullest extent of the law under 18 U.S.C. § 1964(c)

RESERVING THE RIGHT TO AMEND THIS COMPLAINT, IT IS SOUGHT, THAT REVIEW AND RELIEF IS PROVIDED BY THIS COURT.

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Actual Monetary Damages of \$175,000⁰⁰
Punitive Damages of \$350,000⁰⁰ for violating
"clearly established law; DECLARATORY
and INJUNCTIVE RELIEF; RICO ACTION; JURY
DEMAND and ALL OTHER EQUITABLE RELIEF"

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 17 day of July, 20 12.

Branda Attkley
#140054

Signature(s) of plaintiff(s)

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center BrimesName Brandon AtchleyADC# 1400 54 Brks # 4 Job Assignment Regional Maintenance

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

 (Date) STEP ONE: Informal Resolution (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):I dislocated my finger in the gym. The Doctor that was on duty that day re-set my finger without taking X-Rays first. Late the next evening there were X-Rays taken. I was told that my finger was normal. Something is seriously wrong with my finger. I believe not only was my finger dislocated but it was also broken. It's been almost a month or maybe even longer and I am still not able to bend my finger all the way out nor can I make a complete fist. Also the swelling has still not went down. By looking at my finger you can clearly see that something is wrong. I just want my finger fixed because I know that it was not set right. I need to be referred to a Doctor as soon as possible.Brandon Atchley

Inmate Signature

Date

4-25-12If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 4/25/12 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: 1st Lt. Brian C. Johnson Date 4/26/12Keith Loflin35579Keith Loflin

Date Received

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Describe action taken to resolve complaint, including dates: X-Rays were normal. As you have previously been advised, if you are having problems follow proper procedure & place a sick call. You cannot bypass the grievance process to bypass the sick call process.4-26-12Brandon Atchley

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No). Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center GrimesName Brandon AtchleyADC# 140054 Brks # 4 Job Assignment Reg Maint

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

 (Date) STEP ONE: Informal Resolution (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: _____ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I have been to sick call a numerous amount of times pertaining to a dislocated finger that was not set correctly and also a problem pertaining to my eye's. The last sick call I was told that I would be put on a list to either see the provider or the doctor. It's been over two weeks and I have seen neither. The problems that I am having are only getting worse. This will be my 3rd Informal Resolution and nothing has been done.Brandon Atchley

Inmate Signature

5-8-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 5-8-12 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to Medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Cpl Bumpers, T

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: You were soon in sick call 1 time for this on 4-22-12. You were not referred at that time. However I have placed you on the referee list to be evaluated.5-9-12

Staff Signature & Date Returned

Brandon Atchley 5-8-12

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

PLANT/RES EXHIBIT #2 - M.S. DIST. CT.